

### Parks & Recreation

### 2016-2017 Scholarship Criteria

- Scholarships will be provided up to a <u>maximum</u> of \$400 per family per fiscal year. Scholarships will be available each year until funds are exhausted.
- Scholarships are for City of Cedar Park <u>youth programs only</u> and cannot be used for facility rentals. Scholarships can be used towards swim lessons, Camp Timberwolf (day camp), youth programs, and youth recreation center yearly pass.
- Scholarships are available to <u>Cedar Park area residents within the city limits or ETJ only.</u>
- Credit for classes purchased with scholarship funds is only transferable if the change is made two weeks before the first day of the program. There are no exceptions.
- All Scholarship credits must be used by the end of the fiscal year awarded. The fiscal year runs from October 1<sup>st</sup> thru September 30<sup>th</sup>. All funds will be removed from your account on September 30<sup>th</sup> of each year.

#### INCOME ELIGIBILITY

Family Size	Annually	Monthly	Twice a month	Every two weeks	Weekly
1	\$21,978	\$1,832	\$916	\$846	\$423
2	\$29,637	\$2,470	\$1,235	\$1,140	\$570
3	\$37,296	\$3,108	\$1,554	\$1,435	\$718
4	\$44,955	\$3,747	\$1,874	\$1,730	\$865
5	\$52,614	\$4,385	\$2,193	\$2,024	\$1,012
6	\$60,273	\$5,023	\$2,512	\$2,319	\$1,160
7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455

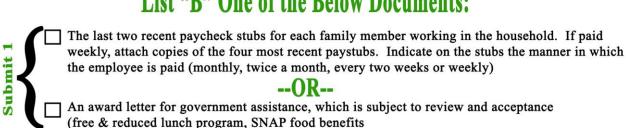
# IN ORDER FOR US TO REVIEW YOUR APPLICATION YOU MUST SUBMIT THE BELOW:

# You must submit all documents in "List A" and one document from "List B"

# List "A" Required Documents:

	Proof of residency: Copy of unexpired driver's license with current address or current utility bill
1	2015 or 2016 completed Federal Tax Return for each family member working in the household
	\ <u>&amp;</u>
<b>1</b>	Completed Youth Scholarship Application Form
va i	

# List "B" One of the Below Documents:



## 2016-2017: YOUTH SCHOLARSHIP APPLICATION FORM

## **City of Cedar Park - Parks and Recreation Department**

1435 Main Street, Cedar Park, TX 78613 (512) 401-5500

### PLEASE PRINT LEGIBLY OR TYPE

Parent/Guardian Name: First	Las	st	DOB				
Mailing Address:	Apt. #	#	City	Zip			
Phone Numbers: Home ( )		_ Business:	( )				
Cell ( )		E-mail: _					
Total Household Income:		То	tal Members in Ho	usehold:			
HOUSEHOLD MEM List ea	IBERS AND GRO			Г МОЛТН			
For each person who receive	es income, write th						
	Earnings from	<sub>m</sub> Ho	w often income	is			
	work before		received				
Name	deductions	(IIIOIII)	nly, twice a month, e vo weeks or weekly)	*Other Income			
1 tunio	deddetions		vo weeks of weekiy)	Ctilet income			
*Other Income: List the amount each person re retirement, Social Security, Worker's Compens benefits (VA benefits), disability benefits, regul Report net income for self-owned business, farm	ation, unemployment, s lar contributions from p n or rental income. Nex	trike benefits eople who do at to the amou	, Supplemental Secu not live in your hou nt, write how often t	rity Income (SSI), Veteran's sehold and any other income.			
	ARSHIP RECIPII Recipients must be						
(2)		10 3 0012 0	· · · · · · · · · · · · · · · · · · ·	gram Requested			
			(camp, swim l	essons, youth program or			
Name	Birth Date	Gender	youth recrea	tion center yearly pass)			
I verify that the above information is	true and correct:		AD				
	Signature of Parent/Guardian						